

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

CITIZENS FOR A WORKING AMERICA INC.

Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date MM / DD / YYYY 10 / 15 / 2012	
Mailing Address 815 Slaters Lane		Amount 750058.00	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Television Advertising		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: David Crooks		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 750058.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date MM / DD / YYYY 10 / 27 / 2012	
Mailing Address 815 Slaters Lane		Amount 164933.00	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Television Advertising		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Landry		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 164933.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures 914991.00			
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures 914991.00 (carry total from last page forward to Line 7)			